

**STATE OF LOUISIANA
OFFICE OF FINANCIAL INSTITUTIONS
BATON ROUGE, LOUISIANA**

**APPLICATION FOR CHANGE OF CONTROL IN OWNERSHIP OF A
CONSUMER LOAN/INSURANCE PREMIUM FINANCING LICENSEE**

The Louisiana Legislature passed Act 1233 during the 2003 Regular Session. The pertinent provisions of the Act are as follows:

No person shall acquire or control a consumer loan license through the acquisition or control of more than fifty percent or more of the ownership interest in a licensee without first having obtained written approval from the commissioner, pursuant to an application for a change of control in ownership of the licensee filed in the manner and on a form prescribed by the commissioner and accompanied by a fee of three hundred dollars. Any person who acquires controlling interest in a licensee without first having filed an application for change of control with the commissioner shall be deemed to be operating without proper authority under this Chapter and is subject to the penalties of R.S. 9:3554.1.

Additionally,

Any person who acquires or anticipates acquiring a seventy-five percent interest in a licensee shall file for a new license prior to acquiring ownership of said interest either incrementally over a period of time or as one transaction.

Prior to any ownership acquisition of greater than 50 percent but less than 75 percent, this Change of Control Application must be submitted along with all of the necessary documents for consideration by the commissioner. The applicant must receive the commissioner's written approval before the acquisition.

All of the following information must be submitted before this application will be accepted for filing and processing:

FEES:

- ☐ \$300 change of control fee payable to the Office of Financial Institutions.
- ☐ \$45.25 fee per person for criminal background investigation.

ATTACHMENTS:

- ☐ Proposed date for change, including names of all parties involved.
- ☐ Change of control application signed by an authorized representative and properly notarized.
- ☐ Certificate of Resolution (**Attachment A**) signed by the Secretary of the corporation, or equivalent person in the LLC.
- ☐ Authority to Obtain Information from Outside Sources form (**Attachment B**), properly notarized and personal information form (**Attachments C and D**) for each person listed in question 7.
- ☐ Two sets of original fingerprints on fully completed Form FD 258 fingerprint cards, or equivalent, for each new owner, new executive officer and new director. Fingerprint cards can be obtained from your local law enforcement office.
- ☐ LA State Police Bureau of Criminal Identification & Information form for each person submitting fingerprints. All blanks concerning the individual must be completed.
- ☐ Subsidiaries of parent companies must submit Authority to Obtain Information forms and fingerprint cards for each natural person who is a 10% or greater equity owner of the parent.
- ☐ Provide an organizational chart indicating percentage ownership if licensee will be a subsidiary.
- ☐ Copy of Board Resolution and Act of Sale.
- ☐ Provide the name, address and phone number of the registered agent for service of legal process located in LA.

Contact person at OFI regarding this application: Destry Graves (225) 922-0638 dgraves@ofi.louisiana.gov

Applications may be hand delivered or mailed to:

**Office of Financial Institutions
8660 United Plaza Blvd – 2nd Floor
Baton Rouge, LA 70809**

**Office of Financial Institutions
P. O. Box 94095
Baton Rouge, LA 70804-9095**

State of Louisiana
Office of Financial Institutions
Non-Depository Division
P. O. Box 94095
Baton Rouge, LA 70804-9095
(225) 922-0638

Application For Change of Control In Ownership Of A Consumer Loan/Insurance Premium Finance License

Pursuant to the provisions of LSA-R.S. 9:3561(D)(1), application is hereby made to the Commissioner of Financial Institutions for the change of control in ownership of a licensee engaged in the business of making consumer loans under the provisions of the Louisiana Consumer Credit Law (LSA-R.S. 9:3510, et seq).

1. Full legal name of business: _____

2. Trade name of business or dba, if applicable: _____

3. Mailing Address: _____

4. Business Telephone Number: (____) _____
5. Federal Employer Identification Number: _____
6. Provide person authorized to answer questions pertaining to this application:
Name: _____
Mailing Address: _____

Telephone Number: _____ Fax Number: _____
E-mail Address: _____

7. Complete the following table for all principal officers and title held, directors, partners, members and all other 10 percent or greater equity owners. (All persons listed in Question 7 under new ownership must complete Attachments A & B, if needed make additional copies prior to completing this form)

Ownership before Change of Control	Ownership after Change of Control
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____ _____	Home Address: _____ _____
Percentage of Ownership: _____	Percentage of Ownership: _____
Date Acquired: _____	Date Acquired: _____

8. Has the applicant, any of the principals, or any person with power to direct the management or policies of the applicant:
- a. Ever been arrested, charged, indicted, convicted or had other disposition, of any criminal charge under any state or federal law other than a traffic violation? As used therein, “convicted” means a finding of guilt, including a plea of guilt or of nolo contendere, or imposition of sentence, or both. Including any which may have been expunged, set aside or which the person received a first offender pardon.
[] Yes [] No If the answer is yes, provide complete details.
- b. Ever been held liable for fraud in any civil suit?
[] Yes [] No If the answer is yes, provide complete details.
9. Do you understand that any false or misleading statement made in this application may be grounds for denial, revocation or suspension of the consumer loan/insurance premium finance license?
- [] Yes [] No

This space intentionally left blank

CERTIFICATE OF RESOLUTION

This form must be completed by all applicants and must include the applicant's full name, including trade name(s), or DBA name(s), if applicable.

This is to certify that at a meeting of the ☐ Board of Directors/or ☐ Members/ or ☐ Partners of

Full legal name of applicant/company
organized under the laws of the State/Commonwealth of _____ held at

_____, _____, _____, _____
Street address City State Zip Code

on the _____ day of _____, 20____, the following resolution was

duly and legally presented and adopted, to wit:

It being the desire and purpose of _____
Full legal name of applicant/company
to be licensed or registered, BE IT RESOLVED, that _____

who is the _____ of this ☐ limited liability company, ☐ corporation,
Name of authorized representative

☐ limited partnership, or ☐ general partnership is, in his/her official capacity, hereby authorized
Title of authorized representative

and directed to prepare, execute, verify, and present to the proper state authorities, for filing, a written
application for licensure or registration. Further, he/she is hereby authorized and empowered to make, sign

and execute all documents pertaining to the application and to perform every act whatsoever as required to

file the application on behalf of _____.
Full legal name of applicant/company

AUTHORIZED SIGNATURE

(If corporation, this form must be signed by Secretary)

Print Name

TITLE : _____

DATE: _____

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES**A separate sheet must be completed by each person listed in question 7 under new ownership**

Name:	Social Security #:
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.	
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?	() Yes, attach explanation () No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon?	() Yes, attach explanation () No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	() Yes, attach explanation () No
Have you been discharged for cause or been requested to resign from any employment position?	() Yes, attach explanation () No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes, attach explanation () No
Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	() Yes, attach explanation () No
Have any civil judgments been entered against you during the past 10 years?	() Yes, attach explanation () No
<p>I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau, current and former employers, law enforcement agency and any other person or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, education background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination for the purpose of determining my financial responsibility, character and fitness in connection with any renewal or application for a license or registration. I affirm that I have executed this form of my own free will and have read and understand the items and instructions; my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OR REVOCATION.</p> <p style="text-align: right;">_____ Signature</p>	
<p>SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.</p> <p>AT: _____, _____ (CITY) (STATE or COMMONWEALTH)</p>	
PRINT NAME OF NOTARY PUBLIC:	SIGNATURE OF NOTARY PUBLIC:

Attachment C

NAME: _____

COMPANY: _____

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YEARS

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. **Include Month and Year. Include a complete 10 years.** Explain any gaps in work history.
(Attach additional sheets, if necessary).

[illegible]

Attachment D

NAME: _____

COMPANY: _____

RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant must fill out this form. **Include Month and Year. Include a complete 10 years.** Explain any gaps in residential history. *(Attach additional sheets, if necessary)*

[illegible]

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION

PLEASE PRINT

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

Robert F. Brian

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804

CITY

STATE

ZIP CODE

(225) 925-4660

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ☐ ADULT DAY CARE
- ☐ ADULT RESIDENTIAL
- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ AMBULANCE SERVICE
- ☐ CASA
- ☐ CONCEALED HANDGUNS
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPARTMENT OF LABOR
- ☐ DEPARTMENT OF PUBLIC SAFETY
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ GAMING
- ☐ HOME HEALTH AGENCY
- ☐ HOSPICE
- ☐ IMMIGRATION
- ☐ INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
- ☐ JUVENILE DETENTION CENTER
- ☐ DEPARTMENT OF INSURANCE
- ☐ MANUFACTURED HOUSING

- ☐ MEDICAL EXAMINERS
- ☐ NURSING HOME
- ☐ OCS FOSTER/ADOPTIVE
- ☐ OCS PERSONNEL
- ☒ **OFFICE OF FINANCIAL INSTITUTIONS**
- ☐ OFFICE OF PUBLIC HEALTH
- ☐ PHARMACY BOARD
- ☐ POSTSECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ PUBLIC TAG AGENT
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SENATE AND GOVERNMENTAL AFFAIRS
- ☐ TAXI DRIVERS
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME: _____

****PRINT – USE INK****

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: ____ / ____ / ____

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Attachment F

AGENT FOR SERVICE OF PROCESS AND ACKNOWLEDGEMENT

(For Corporations, LLCs, and all Out-of-State Entities)

Louisiana Agent for Service of Legal Process:

- (a) Name of Agent: _____
(Note: This should be the same as listed in question 11 of the application and as filed with the Louisiana Secretary of State.)
- (b) Business Address: _____
City: _____ State: _____ Zip Code: _____
- (c) Business telephone number: (_____) _____

I hereby acknowledge and accept the appointment of registered agent for and on behalf of

Full legal name of Licensee

Signed by: _____
Registered Agent or Authorized Representative

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Should the licensee/registrant change its Agent for Service of Process, a new acknowledgement form reflecting such change is required to be submitted to this Office.